Body System: Patient-Based Care		
Session Topic: Diets and Weight Loss		
Educational Format		**Faculty Expertise Required**
REQUIRED	Interactive Lecture	Expertise in the field of study. Experience teaching in the field of study is desired. Preferred experience with audience response systems (ARS). Utilizing polling questions and engaging the learners in Q&A during the final 15 minutes of the session are required.
OPTIONAL	Problem-Based Learning (PBL)	Expertise teaching highly interactive, small group learning environments. Case-based, with experience developing and teaching case scenarios for simulation labs preferred. Other workshop-oriented designs may be accommodated. A typical PBL room is set for 50-100 participants, with 7-8 each per round table. Please describe your interest and plan for teaching a PBL on your proposal form.

Professional Practice Gap	**Learning Objective(s) that will close the gap and meet the need**	**Outcome Being Measured**
• Patients are frequently confused by conflicting news about the health benefits of certain foods, vitamins, and supplements. • Adolescents frequently do not understand the link between obesity and lifestyle choices or the connection to future morbidities • Obese patients frequently do not receive an obesity diagnosis or weight-related counseling. • Time to counsel patients regarding diets and nutrition is a barrier during a typical ambulatory office visit • Physicians often receive inadequate nutrition education in US medical schools • Physicians have significant barriers to providing obesity care, including lack of time, inadequate training in weight counseling, and the need to place greater	1. Identify available physician, care team, and patient resources for the identification, evaluation, and treatment of overweight and obese patients. 2. Develop a customized weight loss plan, with the overweight or obese patient, which considers the advantages and disadvantages of all dietary, exercise, pharmacologic, surgical, and behavioral modification options. 3. Provide overweight and obese patients with practice-based counseling and community-based resources that promotes adherence to the weight loss plan. 4. Establish coding practices for appropriate billing for diet and preventive care counseling.	Learners will submit written commitment to change statements on the session evaluation, indicating how they plan to implement presented practice recommendations.

priority on comorbid conditions; including several studies that have also documented negative physician attitudes (e.g., weight stigma), doubt that counseling will have an effect on patient behavior, and feeling that obesity is the responsibility of the patient.		

ACGME Core Competencies Addressed (select all that apply)

	Medical Knowledge		Patient Care
	Interpersonal and Communication Skills		Practice-Based Learning and Improvement
	Professionalism		Systems-Based Practice

Faculty Instructional Goals

Faculty play a vital role in assisting the AAFP to achieve its mission by providing high-quality, innovative education for physicians, residents and medical students that will encompass the art, science, evidence and socio-economics of family medicine and to support the pursuit of lifelong learning. By achieving the instructional goals provided, faculty will facilitate the application of new knowledge and skills gained by learners to practice, so that they may optimize care provided to their patients.

- Provide up to 3 evidence-based recommended practice changes that can be immediately implemented, at the conclusion of the session; including SORT taxonomy & reference citations
- Facilitate learner engagement during the session
- Address related practice barriers to foster optimal patient management
- Provide recommended journal resources and tools, during the session, from the American Family Physician (AFP), Family Practice Management (FPM), and Familydoctor.org patient resources; those listed in the References section below are a good place to start
    - Visit http://www.aafp.org/journals for additional resources
    - Visit http://familydoctor.org for patient education and resources
- Provide resources and recommendations for available physician, care team, and patient resources for the identification, evaluation, and treatment of overweight and obese patients.
- Provide recommendations for developing a customized weight loss plan, with the overweight or obese patient that considers the advantages and disadvantages of all dietary, exercise, pharmacologic, surgical, and behavioral modification options.
- Provide strategies and recommendations on counseling overweight and obese patients with practice-based counseling or community-based resources that promotes adherence to the weight loss plan.
- Provide recommendations for establishing coding practices for appropriate billing for diet and preventive care counseling.

Needs Assessment

According to the Centers for Disease Control and Prevention (CDC), approximately 69% of adults and almost 17% of youth were obese or overweight in 2009-2010, with overweight defined as BMI between 25 to 30; and obesity defined as BMI greater or equal to 30 in adults and a BMI greater than or equal to the age-and-specific 95th percentiles of the 2000 CDC growth charts.[1,2] Family physicians are in a position to help patients recognize when their health is being impacted by their weight and to work with patients to develop a health improvement plan. According to the 2010 National Ambulatory Medical Survey, family physicians provide a great deal of health education to their patients. Diet and nutrition health education was provided during 32 million visits, exercise education was provided during 14 million visits, and weight reduction education was provided during 8 million visits.[3]

Data from a recent American Academy of Family Physicians (AAFP) CME Needs Assessment survey indicate that family physicians have knowledge gaps related to managing obesity, including providing health promotion and disease prevention counseling, patient education, counseling regarding physical activity and fitness, patient adherence and shared decision making, and in providing guidance for diets for weight loss.[4] More specifically, CME outcomes data from 2012 and 2013 AAFP Assembly: *Diets/Weight Loss Options*, and *Specialized Diets* sessions suggest that physicians need continuing medical education with regard to counseling patients about weight loss options, including the use of motivational interviewing; having an awareness of patent education materials, tools, and resources, including structured programs such as AAFP AIM-HI; utilizing a health and nutrition specialist; using follow-up and monitoring; developing collaborative plans that including nutrition monitoring, diet, and exercise; and implementing a team-based approach to manage dieting and weight loss.[5,6]

A review of the literature confirms these practice gaps, summarized as follows:[7-17]

- The majority of the US population does not meet recommendations for consumption of milk, whole grains, fruit, and vegetables.
- Barriers specific to adult caregivers include lack of meal preparation skills or recipes; lack of knowledge of recommendations for portions and health benefits.
- Barriers specific to children include competing unhealthy foods; and dislike of taste/flavor/texture/smell of healthier food options.
- Patients are frequently confused by conflicting news about the health benefits of certain foods, vitamins, and supplements
- Adolescents frequently do not understand the link between obesity and lifestyle choices or the connection to future morbidities
- Obese patients frequently do not receive an obesity diagnosis or weight-related counseling.
- Time to counsel patients regarding diets and nutrition is a barrier during a typical ambulatory office visit
- Physicians often receive inadequate nutrition education in US medical schools
- Physicians have significant barriers to providing obesity care, including lack of time, lack of understanding how to code for appropriate compensation, inadequate training in weight counseling, and the need to place greater priority on comorbid conditions; including several studies that have also documented negative physician attitudes (e.g., weight stigma), doubt that counseling will have an effect on patient behavior, and feeling that obesity is the responsibility of the patient.

- Physician BMI impacts obesity care; namely that normal BMI physicians are more likely to provide obesity care to their patients and feel confident doing so, especially with regard to diet and exercise counseling.
- As patient-centered and chronic care models have emerged to emphasize patient empowerment, particularly through the use of eHealth, some studies indicate that younger female patients are more likely to engage in eHealth activities compared to lower SES, older, and male patients.

Family physicians are often faced with patients who want to lose weight quickly with little to no effort. It is important to keep up to date on fad diets when counseling patients about weight loss. Fad diets promise dramatic weight loss, but do not produce long-term results, and can be dangerous.[18] Common claims of fad diets include quick weight loss (more than 1-2 pounds per week), promise to lose the weight and keep it off with giving up "fatty" foods or exercising, offer testimonials from clients or "experts" in weight loss, draw simple conclusions from complex medical research, limit food choices rather than recommending a balanced diet, or require that patients spend a lot of money on seminars, pills, or prepackaged meals.[19,20]

There are a variety of weight loss strategies available, and the formula for weight loss at its most basic elements is that one must consistently expend more energy than one consumes.[21] Conventional diets, defined as those below energy requirements but above 800 kcal/day, fall into four groups:[22]

- Balanced low-calorie diets/portion-controlled diets
- Low-fat diets
- Low-carbohydrate diets
- Mediterranean diet
- Fad diets

Vegetarian diets can fall somewhere in between the four main groups described above because there are so many variations depending on the degree of dietary restrictions.[23] Consumption of a vegetarian diet is associated with lower incidence of obesity, coronary heart disease, hypertension, and type 2 diabetes, however, the long-term effects on health outcomes are difficult to separate from those of the vegetarian lifestyle (e.g. regular exercise, avoidance of tobacco and alcohol products).[23-26]

A scientific review of popular diets concludes that caloric balance, rather than macronutrient composition is the major determent of weight loss, and data support the contention that those individuals consuming low-fat, low-calorie diets are most successful in maintaining weight loss.[22] Still, there are other studies that have shown a low-carb, and possibly a high-protein, diet is equally if not more effective.[27] A recent study shows that a low-carbohydrate diet caused an average of 7.7 pounds greater weight loss than a low-fat diet, while increasing high-density lipoproteins and decreasing triglycerides.[28]

As documented by the National Weight Control Registry, a combination of dietary and physical activity interventions, along with behavioral modification has proven to be successful for some individuals.[29-31] There are new medications available (lorcaserin and naltrexone/bupropion), that when combined with diet and exercise, can be used for additional weight loss; however,

physicians need continuing medical education to help patients make informed decisions regarding safety, efficacy, tolerability, cost, and dosage.[32,33]

Additionally, for long-term weight loss maintenance there are FDA approved pharmacologic treatments that have been found to have modest success; and bariatric surgery has been shown to be a successful long-term weight loss maintenance option in patients with morbid or complicated obesity.[30] Not all approaches to weight loss work equally well for all patients.[34] It is therefore important for family physicians to collaboratively develop a weight loss strategy with a patient, provide routine follow-up, and make adjustments to the plan when patients encounter a barrier to sustaining their weight loss.

In addition to being a key element to a weight loss strategy, regular physical activity has several additional health benefits such as reducing the risk of cardiovascular disease, reducing the risk for type 2 diabetes and metabolic syndrome, reducing the risk of some cancers, strengthening bones and muscles, improving mental health and mood, improve one's ability to do daily activities and prevent falls (especially for older adults), and increase longevity of life.[31,35]

The literature provides several recommendations for a successful weight loss program:[30,31,36-39]

- Weight loss strategies using dietary modification, physical activity, or behavioral interventions can produce and maintain weight loss for longer than one year. (Evidence-B)
- Sibutramine (Meridia) and orlistat (Xenical) were only modestly effective in reducing weight and maintaining weight loss in trials of one year or longer. (Evidence-A)
- Successful long-term weight loss maintenance can be achieved with gastric bypass surgery in patients who are morbidly obese. (Evidence-A)
- Physicians and patients should collaboratively develop a long-term weight loss strategy.
- Modify food intake in some way, while maintaining a balanced diet, to lose weight.
- Increase physical activity, with a goal of at least an hour each day.
- Eat breakfast each day.
- Patients should weight themselves at least once a week, and keep a log.
- Try to watch less than 10 hours of television per week.
- Use the Eating Inventory to monitor dietary disinhibition.
- Patients should have briefly, monthly personal contact with their physician or a patient educator.
- Encourage patients to join a social support network
- The AAFP recommends offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD.
- Although the correlation among healthful diet, physical activity, and the incidence of cardiovascular disease is strong, existing evidence indicates that the health benefit of initiating behavioral counseling in the primary care setting to promote a healthful diet and physical activity is small. Clinicians may choose to selectively counsel patients rather than incorporate counseling into the care of all adults in the general population.
- Overweight is defined as BMI 25.0 – 29.9 kg/m^2 and obesity is defined as BMI $\geq$ 30 kg/m^2.

- Overweight and obese individuals should be advised that the greater their BMI, the greater the risk of CVD, type 2 diabetes, and all-cause mortality.
- Overweight and obese adults with CV risk factors (high BP, hyperlipidemia, hyperglycemia) should be counseled that lifestyle changes that produce even modest, sustained weight loss of 3%-5% produce clinically meaningful health benefits, and greater weight loss produces greater benefits.
- Overweight and obese adults should be prescribed a diet to achieve reduced calorie intake.
- Overweight and obese individuals who would benefit from weight loss should be advised to participate for ≥ 6 months in a comprehensive lifestyle program that assists participants in adhering to a lower calorie diet and in increasing physical activity through the use of behavioral strategies.
- Overweight and obese individuals who have lost weight should be advised to participate long-term (≥1 year) in a comprehensive weight loss maintenance program.
- Adults with a BMI ≥ 40 kg/m^2 or BMI ≥ 35 kg/m^2 with obesity related co-morbid conditions who are motivated to lose weight but have not had a sufficient response to behavioral treatment with or without pharmacotherapy, should be informed about bariatric surgery and offered a referral to an experienced bariatric surgeon for consultation and evaluation.

These recommendations are provided only as assistance for physicians making clinical decisions regarding the care of their patients. As such, they cannot substitute for the individual judgment brought to each clinical situation by the patient's family physician. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication, but they should be used with the clear understanding that continued research may result in new knowledge and recommendations. These recommendations are only one element in the complex process of improving the health of America. To be effective, the recommendations must be implemented. As such, physicians require continuing medical education to assist them with making decisions about specific clinical considerations.

Resources: Evidence-Based Practice Recommendations/Guidelines/Performance Measures

Family physicians should be aware of available physician, care team, and patient resources for the identification, evaluation and treatment of overweight and obesity. Examples include the following:[36,40]

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults (National Heart Lung and Blood Institute)
    - Guidelines
    - Practical Guide
    - Electronic Obesity textbook
    - Obesity Guidelines for PalmOS
    - Aim For A Healthy Weight (various health professional and patient resources)
    - Body Mass Index Calculator
    - BMI Calculator for PalmOS
- Americans In Motion-Healthy Interventions (AIM-HI)
    - Practice Manual – strategies to implement into practice

  - Practice Management Tools – guides and toolkits to implement changes into the practice system
  - Patient Education Materials – variety of patient education material
  - Ready, Set, FIT – school-based educational program
- Management of overweight and obesity in the adult (Michigan Quality Improvement Consortium)[41]
- Vegetarian nutrition (VN) evidence based nutrition practice guideline[42]
- Weight Loss Maintenance[30]
- Adding health education specialists to your practice[43]
- Envisioning new roles for medical assistants: strategies from patient-centered medical homes[44]
- The benefits of using care coordinators in primary care: a case study[45]
- Documenting and coding preventive visits: a physicians' perspective[46]
- Engaging Patients in Collaborative Care Plans[47]
- The Use of Symptom Diaries in Outpatient Care[48]
- Health Coaching: Teaching Patients to Fish[49]
- A few moments of lifestyle advice[50]
- Encouraging patients to change unhealthy behaviors with motivational interviewing[51]
- Integrating a behavioral health specialist into your practice[52]
- Simple tools to increase patient satisfaction with the referral process[53]
- Improve the chances of your Medicare claims for obesity counseling[54]
- FamilyDoctor.org. Weight Loss & Diet Plans (patient education)[55]
- FamilyDoctor.org. Nutrition for Weight Loss: What You Need to Know About Fad Diets (patient education)[19]
- FamilyDoctor.org. Nutrients & Nutritional Info (patient education)[56]

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